

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
PUBLIC HEALTH ADMINISTRATION
DIVISION OF HEALTH, WELLNESS & DISEASE CONTROL
SEXUALLY TRANSMITTED DISEASE SECTION**

PROGRAM PURPOSE

Sexually Transmitted Diseases (STDs), including gonorrhea, syphilis, chlamydia, and hepatitis B result in excessive morbidity, mortality, and health care costs among women, adolescents, and newborns. The goals of the STD Program are: 1) prompt reporting of cases, 2) the provision of screening and treatment services for Michigan's citizens, and 3) the application of interviewing and case finding activities to reduce complications and intervene in the spread of disease.

PROGRAM COMPONENTS

Surveillance

In accordance with the Public Health Code, cases of STDs are reported by laboratories and clinicians to local health departments. Action is taken to ensure appropriate care and provide rapid follow-up for priority cases. These reports are then forwarded to the Michigan Department of Community Health via the Michigan Disease Surveillance System. Based on these reports, resources are targeted to the areas of greatest need.

Screening

Routine testing for syphilis, gonorrhea, and chlamydia are offered to many high-risk patients seen by local health departments, private medical facilities, or other venues. The early treatment afforded to infected patients and their sex partners avoids the higher costs associated with the management of complications and prevents the spread of infection. The STD Program supports syphilis, gonorrhea, and chlamydia screening services with state or federal funds.

Treatment

All local health departments are mandated to provide STD services to persons presenting for care, either within the health department or by referral to a private provider. Much of the approximately \$5.5 million per year, that the STD Program awards to local health departments, is used to enhance clinical services. Training courses for clinicians are periodically offered through MDCH to update skills. A cooperative effort to vaccinate adolescents against Hepatitis B was initiated in early 1999 and ended in 2002. The Family Planning, Adolescent Health, Immunization, and STD Programs undertook this initiative, with the participation of local health departments throughout Michigan, and provided vaccine to over 30,000 adolescents and young adults.

Interviewing and Case finding

MDCH Disease Intervention Specialists (DIS) and Centers for Disease Control & Prevention (CDC) personnel supplement local public health employees in case management activities. Persons found infected with priority STDs are provided pertinent medical information regarding their infection, interviewed regarding sex partners, and assisted with referral of their partners for appropriate examination and treatment; the end result being reduced transmission of infection.

Prevention and Education

The STD Program's prevention efforts compliment those activities conducted by local public health departments, hospitals, and other health care providers. For example, condoms, statistical summaries, program and treatment guidelines, and other requested technical assistance are regularly provided by the STD Section. A number of training courses and satellite conferences, as well as the MDCH STD/HIV Conference, are held each year for local public health staff, community-based organizations, and other public/private agencies.

CURRENT TRENDS

Syphilis continuing successful outcome

The battle with syphilis continues to have successful outcomes. Michigan saw an overall decrease of 49% in 2003, a 28% decrease in 2004, and a 50% decrease in 2005. Detroit is one of CDC's targeted areas for intensive intervention efforts. The national syphilis elimination initiative provides additional resources, in this targeted area, to partially fund expanded efforts. Targeted groups include persons trading sex or money for drugs and males who have sex with males (MSM).

MDCH Activities:

- Solicitation of additional funds to support activities.
- Additional epidemiologic analysis of behavioral risk factors, in order to target interventions appropriately.
- Coordination with "custody" personnel to increase screening for commercial sex workers and partners.
- Enhancement of Detroit's surveillance, case finding, and clinical capacities to manage syphilis.
- Partner with CBO's and other non-health department partners in outreach and education efforts.

Gonorrhea

A general 17-year decline continued through 2003, with 13,965 cases reported (63 % fewer than reported in 1986.) There was a slight increase in 2004, with 17,376; this was largely due to a change in reporting. There were 17,684 cases in 2005. Risk reduction and safer sex messages have impacted the substantial population at risk for gonorrhea. Teens and young adults account for most of the cases.

MDCH Activities:

- Maintenance of a timely, lab-based surveillance system.
- Continuation of single dose therapy at all STD clinics.
- Promotion of screening programs for high-risk populations, especially in adolescent venues.
- Increased use of urine-based testing, in order to more easily test individuals in non-clinic settings.

Chlamydia

In 1993, chlamydia first became reportable on a permanent basis in Michigan. As reporting has become more robust, the number of identified cases has increased annually. In 2005, there were 38,729 cases of chlamydia reported, a slight decrease from the 41,247 cases in 2004. Like gonorrhea, most cases occur in younger age group and many occur without symptoms.

MDCH Activities:

- Use of single dose therapy for all patients with chlamydia and/or gonorrhea and their partners.
- Participation in the national, regional, and state Infertility Prevention Project (IPP).
- Promotion and support of screening of females, primarily those with multiple sex partners, with symptoms, or in younger age groups, in family planning, STD, and adolescent health clinics.

- Introduction of urine-based testing, which serves as a dual test for chlamydia and gonorrhea, in order to more easily test individuals in non-clinic settings, especially juveniles in detention and school-based settings.

FUTURE PROGRAM GOALS

- Reductions in syphilis, gonorrhea, and chlamydia.
- Increased hepatitis B immunization in STD clinics.
- Increased screening for chlamydia, targeting adolescent females in high-risk settings.
- Implementation of HPV vaccine in select STD clinic settings.
- Enhancement of private/public partnerships to control STDs.
- Exploration of Pap testing in STD clinics.
- Exploration of Expedited Partner Therapy as a partner management tool.
- Increased surveillance activity for priority infections.
- Increased education and training opportunities.

WHO TO CALL FOR MORE INFORMATION

- Local Health Departments: locations available at www.malph.org
- MDCH STD Section, Mark Miller, Manager, (517) 241-0870
- MDCH STD Section, Kristine Judd, Administrative Program Manager, (313) 456-4426
- Outstate Supervisor, Ronald Spates, District Manager, (269) 926-7121, ext 5263
- Detroit District, (Detroit City) Dawn Jackson, District Manager, (313) 876-4176
- MDCH STD Section, Audrea Woodruff, Partner Counseling and Referral Services Coordinator, (313) 456-4421